~BUFFALO MASTERS BASKETBALL REGISTRATION~

TOURNAMENT DATES: MARCH 11, 12, AND 13 2016

BRACKET: _____
RECEIVED: _____
PAY TYPE: _____
PAY DATE: _____

TEAM NAME	TEAM BRACKET	STREET ADDRESS	CITY	STATE	ZIP

PLEASE CIRCLE BRACKETS **FULL COURT** 21, 30, 40, 45, 50C, 50R, 55C, 55R, 60C, 60R, 65, 70 **1/2 COURT** 70, 75, 80 C = COMPETITIVE OR R = RECREATIONAL

COACH/CONTACT NAME	CELL PHONE	HOME PHONE	BUSINESS PHONE	EMAIL

Contact numbers for all players MUST be entered for emergency & insurance purposes.

**Please mark DNP if you do not want Buffalo Masters to publish number in the player packet

PLAYER'S NAME	**PHONE NUMBER	EMAIL ADDRESS	HEIGHT	AGE	BIRTH YEAR	LEVEL OF PLAY

ROSTER MUST BE COMPLETELY FILLED OUT !

PLEASE **CIRCLE** ALL TIME SELECTION CHOICES FOR THE FIRST THREE ROUNDS. BUFFALO MASTERS **WILL TRY** TO ACCOMMODATE YOUR REQUEST.

PLEASE REMEMBER THESE REQUESTS ARE NOT GUARANTEED

FRIDAY MARCH 11 2016 (ROUND 1)

1ST CHOICE:	5:30PM	6:50PM	8:10PM	9:30PM
2ND CHOICE:	5:30PM	6:50PM	8:10PM	9:30PM
3RD CHOICE:	5:30PM	6:50PM	8:10PM	9:30PM

☐ ANY TIME

SATURDAY MARCH 12 2016 (ROUND 2)

1ST CHOICE:	9:00AM	10:20AM	11:40AM	2:00PM
2ND CHOICE:	9:00AM	10:20AM	11:40AM	2:00PM
3RD CHOICE:	9:00AM	10:20AM	11:40AM	2:00PM

☐ ANY TIME

SATURDAY MARCH 12 2016 (ROUND 3)

1ST CHOIC	3:20PM	4:40PM	6:00PM	7:20PM
2ND CHOI(	3:20PM	4:40PM	6:00PM	7:20PM
3RD CHOI(	3:20PM	4:40PM	6:00PM	7:20PM

☐ ANY TIME

DEADLINE FOR ENTRIES: Friday February 19, 2016

ENTRANCE FEES MUST BE ENCLOSED WITH ROSTER

RETURN REGISTRATION FORM WITH PAYMENT TO:
BUFFALO MASTERS ATHLETICS, INC
6300 TRANSIT ROAD, DEPEW NEW YORK 14043
WE NOW ACCEPT M/C, VISA, AMEX

PHONE: 716-684-3333 EXT.211
FAX: 716-681-7408
EMAIL: PDURHAM@DURHAM.COM
WEBSITE: WWW.BUFFALOMASTERS.COM

REGISTRATION FEES

21 TO 70	$450.00	FULL COURT
75, 80	$250.00	1/2 COURT
INDIVIDUAL	$50.00	